



2013 ACCOUNTABLE CARE & HEALTH IT STRATEGIES SUMMIT SEPTEMBER 10-12 | HYATT FISHERMAN'S WHARF SAN FRANCISCO

Tuesday, September 10th
Pre Conference Workshops

12:30 p.m. - 01:30 p.m.

Workshop 01 | Paying For Outcomes Not Performances

Gerald Tracy, Executive Director State and Payer Initiatives Program, 3M Health Information Systems

A pay for outcomes ("P4O") based approach differs from existing pay for performance initiatives in focusing on quality outcome rather than on process measures. P4O payment reform adjusts payments based on a provider' relative risk -adjusted performance in terms of outcomes, thereby creating a financial incentive for providers to reduce their rate of negative outcomes (e.g., of potentially preventable events) The success of P4O-based payment reform in cost containment and quality improvement is highly dependent on proper design and implementation. This workshop describes the essential principles of P4O systems--and illustrates these principles in action---as implemented for ACOs, hospitals and managed care plans by state and commercial payers in three different states.

01:45 p.m. - 02:45 p.m.

Workshop 02 | Healthcare BI/Analytics: The Scrabble Conundrum

Joe Van De Graff, Research Director, KLAS Research

In the healthcare BI/analytics game, the word tiles are numerous and the vendor players are growing in number. For providers, the stakes are high, and making sense of the vendor word tiles and combinations is anything but easy.

In this session, KLAS gives healthcare specific insight into dynamic BI market landscape, vendors and how they perform, and where things are headed.

Continued

03:00 p.m. - 04:00 p.m.

Workshop 03 | Strategies to Operationalize Care Coordination within an ACO

Russell Olsen, VP, Product Management, Phytel

For healthcare organizations, becoming an ACO and implementing a Population Health Management strategy is no longer a matter of "if", but instead "when and how". Many healthcare organizations will try to become ACOs if the financial opportunity is sufficient. But only the ACOs that achieve clinical integration and learn how to execute on population health management will succeed. Therefore, information technologies, including automation tools, are essential components of ACO success.

To achieve population health management, ACOs must use a range of information technologies. These include not only electronic health records, but also aggregating claims data to capture total cost of care and predictive risk, and supplemental technologies to automate the routine work of tracking, educating, and communicating with patients.

These tools will make it possible to do PHM comprehensively and cost-effectively, allowing ACO members to benefit economically from shared-savings, bundled-payment and global capitation programs.

Attend this pre-conference session to learn how many of the largest healthcare organizations are successfully addressing PHM by operationalizing care coordination.

- Must-know strategies on how ACOs operationalize care coordination with their
- PHM goals using automation to achieve the Triple Aim
- Strategies for managing patient populations by enhancing your existing infrastructure
- Ways to focus on patient engagement and intervention, addressing care gaps quickly

04:15 p.m. - 05:15 p.m.

Workshop 04 | An Introduction to the CCHIT ACO HIT Framework: A Consensus Developed Guide to Success While Assuming Accountability for the Cost and Quality of Health Care

Karen M. Bell MD, Chair Certification Commission for Health IT (CCHIT)

Organizations can assume financial risk and accountability for quality of care and patient loyalty in multiple different ways, depending on their current structure, culture, and goals. The processes and functions necessary to reach goals will vary accordingly, as will the HIT infrastructure that can best support them. Organizations can assume financial risk and accountability for quality of care and patient loyalty in multiple different ways, depending on their current structure, culture, and goals. The processes and functions necessary to reach goals will vary accordingly, as will the HIT infrastructure that can best support them.

Wednesday, September 11th | Day 01

Day 01 Accountable Care & Health IT Strategies Summit

08:45 a.m. - 09:00 a.m.

Opening Remarks

Gregory Franklin, Assistant Secretary, Health Information Technology, California Technology Agency

09:00 a.m. - 09:45 a.m.

Keynote 1: ONC's Perspective on Optimization of Health Information Technology

David Muntz, Principal Deputy National Coordinator, Office of the National Coordinator, ONC, DHHS

Mr. Muntz will discuss the current and future state of Meaningful Use, and what we all should be doing to promote the optimization of Health Information Technology

09:45 a.m. - 10:15 a.m.

Keynote 2: Transforming the Payer-Provider Relationship

Jody Voss, VP Strategic Business Services, Blue Cross Blue Shield Association

Change in healthcare is impacting us all – patients, providers, insurers and employers. Employers and consumers are demanding more value for their healthcare dollars. With health plans and providers working to meet the demands of this changing environment, success requires collaboration – between providers and insurers and with consumers as well. We are working together to develop innovative financial arrangements and new models that place the patient at the center of care, encouraging greater accountability by all parties. Insurers and employers are creating new programs to engage individuals in their healthcare decisions and enable consumers to live healthier lives. With all that is in motion in our industry, we need to continue to work together.

10:15 a.m. - 10:45 a.m.

Networking Break in Exhibit Hall

10:45 a.m. - 11:45 a.m.

Keynote Panel: Health Reform, HIT and Care Innovations

Dr. Betsy Thompson, Chief Medical Officer, CMS San Francisco Brent C. Bizik, MBA, Director, Population Health Management, Dignity Health

Marcy Cheadle, Director of Advanced Clinical Applications, Inland Northwest Health Services

Bill Beighe, Chief Information Officer Santa Cruz Health Information

Pam Lane, Deputy Secretary for Health Information Exchange, Director for Health Information Integrity, CA HHS (TBC)

11:45 a.m. - 12:15 p.m.

Buffet Served for Meet the Innovators Lunch

Continued

12:15 p.m. - 01:00 p.m.

Meet The Innovators Keynote and Introduction

Pathways to Innovation: Perspectives on Adoption and Diffusion

Wil Yu, Advisor Healthcare Markets and Innovations, Institute for the Future, City and County of San Francisco, Director, Foundation for Healthcare Innovation

New models for care delivery are providing fertile opportunities to innovate by encouraging internal development, as well as external partnerships.

Wil Yu shares collected perspectives on the challenges to successful long-term innovation diffusion in healthcare organizations.

01:00 p.m. - 01:50 p.m.

Meet the Innovators Working Lunch Roundtables

Project Directors and leading HIT Strategists will lead roundtable discussions around specific technology and project initiatives that are at the leading edge of the Accountable Care and Health IT innovation and transformation process.

01:50 p.m. - 02:00 p.m.

Breakout Sessions

Track 1

Healthcare Performance Management – A Strategy for Integrated Accountable Care

Julia Swanson, VP Performance Analytics and Improvement, Henry Ford Health System

Alan Eisman, VP, Information Builders

With change so constant, how do you implement and sustain a culture of continuous improvement particularly when entrenched interests might naturally be resistant to such dramatic change. The winners will be able to promote a culture of accountability and effectively engage in management by fact, organizational learning and continuous improvement.

To do so requires leadership, a culture of measurement, processes and performance analytics capabilities, data transparency and feedback available to all stakeholders. During this session you will learn how 2011 Malcolm Baldrige winner Henry Ford Health System leverages a performance analytics framework to drive performance and process improvement.

Track 2

Utilizing Technology to Meet the Needs of a Changing Healthcare System

Edward McGookin, Chief Medical Officer, Coastal Medical Inc.

Utilizing eCW since 2006, Coastal Medical was an early adopter of technology specifically designed to improve patient care and reduce medical errors. The record has done all of this and much more. Currently, Coastal is using technology to reinvent the payment model for their ACO by utilizing the new CCMR functions. This new tool will enable the group to review data in real time and modify patient management strategy to reach even more of their goals which center around improving the patient experience and quality of care they provide, as well as reducing the cost of care across their entire population of patients.

Learning Objectives

Learn how the quality of data impacts ACO goals of “Triple Aim” Learn how access to quality data impacts P4P programs and work with specialty providers Learn why patient satisfaction is a main focus as medicine changes.

02:45 p.m. - 02:55 p.m.
Short Break

02:55 p.m. - 03:40 p.m.
Breakout Sessions

Track 1

Payer-Provider Collaboration towards Improved Care Coordination and Population Health Management

LeRoy Jones, CEO, GSI Health

Robert Slepik, CIO, John C. Lincoln Health Network

Julie Burgoon, Manager Technology Solutions and Innovation, Blue Cross Blue Shield

As payers and providers are increasingly participating together in ACOs and other risk based contracts, payer-provider collaboration that optimizes claims and clinical data towards will prove critical for establishing trust, transparency and defined standards that will support efforts to improve care coordination and population health management outcomes.

Join this panel to learn from leading provider and payers organizations who will share their experiences, challenges and strategies for success to optimize data in an increasingly collaborative payer-provider environment.

Track 2

Performance Metrics and Data Transparency in an ACO Setting

Bridget Buckley, Director Client Services, athenahealth

Keith Hernandez, President and Medical Director, Memorial Hermann Health Network

Patrick Carter, Medical Director for Care Coordination, Kelsey-Seybold Clinic

Newly formed ACOs, as well as evolving ACOs who are bringing on board new provider and payer participants face the challenge of combining multiple sources of disparate data and presenting quality and performance metrics to participating organizations, that enables transparency across the ACO operation, supports population risk stratification efforts to improve care coordination amongst care teams.

Join this panel to learn from the experiences of two provider organizations who are currently evolving their data infrastructure to ensure they maximizing the value of data sources they currently have available as well as integrate new sources of data towards these goals.

03:40 p.m. - 03:50 p.m.
Short Break

Continued

03:50 p.m. - 04:35 p.m.

Breakout Sessions

Track 1

Engaging Communities through Technology: Sharing Data and Risk

Qi Li, M.D., Physician Executive, InterSystems

Accountable care organizations (ACO) are positioned to play a major role in restructuring the delivery of healthcare. Like other care models that are experiencing changing reimbursement structures, ACOs require new competencies to coordinate the delivery of care and manage populations, finances, and risk. To be successful, ACOs must excel in three areas where health IT plays a crucial role: strategic interoperability, care coordination, and analytics for action. Without these competencies, ACOs will not be able to meet their mandate to provide quality care while controlling costs.

Strategic planning is required when building an IT ecosystem that connects an engaged community of providers, payers, and patients, and where analysis of real-time data is dynamic. As ACO guidelines and recommendations evolve, it is also crucial for organizations to have an IT infrastructure that is scalable, flexible, and extensible. In this presentation, we will share the strategic roadmap one healthcare enterprise has implemented to address these competencies on their journey to sharing data and risk across an engaged community.

Track 2

Blue Shield California ACO Development - Early Successes, A Long Road Ahead

Simon Jones, Vice President, HIT Product Strategy, Blue Shield of California

Blue Shield of California has partnered with medical groups and hospitals across CA to create and operate ten ACOs. Simon Jones, Vice President HIT Product Strategy, will discuss the road to this point including early successes and challenges, and the road ahead, including the role of technology in support of emerging models in healthcare.

04:35 p.m. - 05:35 p.m.

Networking: Wine and Cheese Tasting in Exhibit Hall

Continued

Thursday September 12th | Day 02
Day 02 2013 Accountable Care & Health IT Strategies Summit

07:45 a.m.- 08:45 a.m.

Accountable Care Implementation Roundtables

ACO, Health System and Medical Group representatives will be available to connect with conference attendees over breakfast at assigned tables to discuss their organization's Accountable Care and HIT Implementation strategy. This is a critical session for organizations to problem solve in a collaborative environment and to provide information on current and planned RFPs, projects, opportunities and challenges they are facing in achieving organizational goals, roundtable leaders to be announced.

09:00 a.m.- 09:45 a.m.

Keynote: Good Help ACO - The Team Approach to Improving Value

Marlon Priest, EVP, CMO and Market Lead Senior Services, Bons Secours Health System

A Catholic IDS with physician practices, hospitals, SNF, and home care embarked upon a clinical transformation strategy to provide an extraordinary individual experience of care across the continuum. The key elements were paired clinical and financial executives and an integrated EHR. The results include all time high operating margin, engagement and quality. External validation of the work, include HIMSS stage 7, NCQA patient-centered medical homes, and now a CMS MSSP effort serving 61,000. The conversation will describe the key elements and lessons learned on the journey to the ACO.

09:45 a.m.- 10:00 a.m.

Short Break

10:00 a.m. - 11:00 a.m.

Keynote Panel: Health Intelligence in the Era of Reform: Strategies for Improvement

Miles Snowden, CMO, Optum

Jeremy Orr, Physician Director, Humedica Provider Solutions

Chester J. Kunnappilly, MD, CMO, San Mateo Medical Center

Dr William Ellert, Chief Medical Officer of Arizona Care Network

Analytics to predict future medical costs of individuals and populations are limited by the varying characteristics of the available data: abstracted data, clinical data, and claims data. By combining and analyzing all three types of data, predictive modeling promises the best opportunity for success in a physician-centric model—where reimbursement arrangements shift accountability and opportunity to physicians. The technical, administrative, and regulatory challenges associated with this aggregation are significant. However, as more population health management initiatives migrate from payers to providers, advancements should occur in the ability to predict and mitigate future medical events.

Join this session to hear both challenges and successes from two providers who are trailblazing clinical analytics; and a health intelligence company who is partnering with leading health care providers to transform the way healthcare is delivered.

11:00 a.m. - 11:30 p.m.

Networking Break in Exhibit Hall

11:30 a.m. - 12:15 p.m.

Breakout Sessions

Track 1

Implementing an Effective Enterprise Data Warehouse (EDW) for Accountable Care Success

Jamie Mangrum, Deputy Director, Chief Information Officer at California Department of State Hospitals

Michelle Lawson, Director of Data Management, California Department of State Hospitals

Mike Doyle, VP, Health Catalyst

Andrew James, Principal Business Intelligence Analyst, Sr Data Scientist, NorthBay Healthcare

Moving beyond the elementary reporting features required for MU State 1 to the required reporting and analytics functionality required to succeed in a 'pay for performance' market requires an organization to establish an Enterprise Data Warehouse (EDW) with the agility to quickly bring in data from it's own EMR as well as interface with organizations utilizing different EMRs (often the case in a clinically integrated setting) and other data sources.

This session will follow the implementation of real life EDW implementation, attendees will discover and learn best practice relating to:

- EMR vs Data Warehouse Reporting
- Enterprise Data Warehouse (EDW)
- Architecture Overcoming Data Exchange Challenges Data Aggregation across the Enterprise
- Integrating Big Data into your EDW

Track 2

Integrating Chronic Condition Management into Routine Patient Care

Sumit Nagpal, CEO, Alere Accountable Care Solutions

Dr William Park, Senior General Surgeon, North Hawaii Community Hospital

This session addresses the need for introducing chronic condition management into routine patient care and highlight the importance of proactive management of patients conditions between clinical visits. This session will illustrate how to achieve successful value based care from an organizational and technological perspective and shed light on where the industry collectively needs to go in order to achieve future success under this model in order for patients to live healthier lives and be more engaged in the management of their own care. Industry leaders Sumit Nagpal, President & CEO of Alere Accountable Care Solutions and Dr. William Park of North Hawaii Community Hospital will provide practical answers to these questions as well as advice on overcoming impediments for further growth.

12:15 p.m. - 01:15 p.m.

Solution Provider Networking and Lunch: Dedicated networking

Continued

01:15 p.m. - 02:00 p.m.

Keynote: Real ACOs: Turning Vision into Reality

Brent James, Chief Quality Officer, Intermountain Healthcare

The idea that higher quality can drive lower costs transformed manufacturing worldwide during the latter part of the 20th century. In the early 1990s, small groups of clinical researchers demonstrated that the same principles applied within health care delivery. They showed that Shared Baseline protocols – “standard work” adapted to the needs of unique individual patients – massively improved clinical outcomes while very significantly reducing care delivery costs. Unfortunately, under a fee-for-service payment system reductions in resource utilization resulting from better care nearly always created windfall savings for purchasers, while damaging care providers operating margins. Accountable Care Organizations provide an operational framework for deploying best care protocols and reducing costs. They also include payment mechanisms that align financial incentives, returning some of the resulting savings to the operating margins of the groups who lead the change. All involved benefit: Patients see much better, far more affordable care; care providers are able to focus on clinical excellence and survive financially; and those who finance care are able to control health care cost increases. This talk will cover the operational structure to deploy such a system, with live examples drawn from Intermountain Healthcare.

02:00 p.m. - 02:05 p.m.

Short Break

02:05 p.m. - 02:50 p.m.

Breakout Sessions

Track 1

Reducing Readmissions in an ACO Setting

Marj Bogaert, Senior Principal, Accenture Health Practice

David S. Cole, Director of Product Development, CareMaestro LLC Cedars Sinai ACO (speaker TBC)

Reducing readmissions is a top priority for ACOs and providers who are facing increasing reimbursement penalties from Medicare at 1% in 2013, 2% in 2014 and 3% in 2015 for specified conditions. Utilizing data to define and improve readmission reduction strategies means tracking interventions, monitoring outcomes and analyzing data to assess the effectiveness of the interventions and better manage care transitions and care coordination in the community.

Track 2

Optimizing Patient Engagement in an Employer Based ACO

Halle Tecco, CEO, Rock Health

Eric Page, CEO, Amplify Health

Jack Challis, CEO Clinicast

How do Accountable Care Organizations manage a patient population without knowing what actions patients are taking after they've left the clinic? Effective population management requires a proactive approach to patient engagement by the ACO which delivers improved clinical outcomes and reduces avoidable healthcare costs.

02:55 p.m. - 03:55 pm

Closing Keynote Panel: Health IT Services for ACOs: Lessons Learned from the Beacon Community Program

David E. Kelleher, MS, President and founder, HealthCare Options Inc./Central Indiana

Kent Hiller, Vice President of Data Solutions and Analytics, Indiana Health Information Exchange/Central Indiana Beacon Community

David Lobach, MD, Division Community and Family Medicine, Southern Piedmont Beacon Community

Keith Hepp, CFO and VP of Business Development for Healthbridge/Greater Cincinnati Beacon Community

Beacon Communities from Cincinnati, North Carolina, and Central Indiana will highlight data aggregation, analytics, and information exchange services and capabilities that are relevant to accountable care organizations (ACOs). Participants will gain valuable insights into the underpinnings of ACO development and where certain Beacon efforts are relevant for ACOs. Additionally, insights into sustainability through meaningful payment reform efforts will be discussed.

